Signature

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PTO/SB/05 (08/00)

01/31/01

Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## UTILITY PATENT APPLICATION **TRANSMITTAL**

Please type a plus sign (+) inside this box → +

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No 050508-1030 Fırst Inventor John D. Roback IMMUNOLOGICAL ASSAY SYSTEM AND METHOD

EL492153624US Express Mail Label No

| 10011010                                                                                                                                                                                                                                                                                                                                                                                                                       | ON ELEMENTS                                                                                                    | <u> </u>                    | 4007    | 1500   | ) TO. ^ee                                                                                                        | sistant Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | oner for Ments            |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------|---------|--------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                | ON ELEMENTS ning utility patent application cont                                                               |                             | ADDR    | ESS    | Box                                                                                                              | Registration Patent Application of the Paten | on ' === (                |  |  |  |
| APPLICANT REQUESTS EARLY PUBLICATION UNDER 37 CFR 1.219 (additional fee)                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| Fee Transmittal Form (Submit an original, and a                                                                                                                                                                                                                                                                                                                                                                                | (e g , PTO/SB/17)<br>duplicate for fee processing)                                                             |                             | 7.      |        | CD-ROM or CD-R<br>Program (Appendi                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ge table or Computer      |  |  |  |
| 2. X Applicant claims small                                                                                                                                                                                                                                                                                                                                                                                                    | entity status                                                                                                  |                             | 8       |        | eotide and/or Amino<br>plicable, all necessa                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Submission                |  |  |  |
| 3. X Specification (preferred arrangement)                                                                                                                                                                                                                                                                                                                                                                                     | [Total Pages<br>at set forth below)                                                                            | <b>20</b>                   |         | a.     |                                                                                                                  | uter Readable C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Copy (CRF)                |  |  |  |
| - Cross Reference - Statement Reg - Reference to so                                                                                                                                                                                                                                                                                                                                                                            | of the invention<br>best to Related Applications<br>arding Fed Sponsored R&D<br>equence listing, a table, or a |                             |         | b.     | Specification Sequ                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D-R (2 copies), or        |  |  |  |
| <ul> <li>Background of</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                             |         |        | i.                                                                                                               | Paper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | of the Invention in of the Drawings (if filed)                                                                 |                             |         | C.     |                                                                                                                  | nents verifying ır                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dentity of above copies   |  |  |  |
| <ul><li>Detailed Descr</li><li>Claim(s)</li></ul>                                                                                                                                                                                                                                                                                                                                                                              | ption                                                                                                          |                             |         |        | COMPANYING                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| - Abstract of the                                                                                                                                                                                                                                                                                                                                                                                                              | Disclosure                                                                                                     |                             |         | X      | 1                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| 4. X Drawing(s) (35 USC 1                                                                                                                                                                                                                                                                                                                                                                                                      | 13) [Total Sheets                                                                                              | 3                           | 9.      |        | Assignment Paper 37 CFR 3.73(b) St (when there is an                                                             | tatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X Power of Attorney       |  |  |  |
| 5. Oath or Declaration                                                                                                                                                                                                                                                                                                                                                                                                         | Total Pages                                                                                                    | 2                           |         |        | English Translatio                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                         |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | d (original or copy)                                                                                           |                             | 12      | Х      | Information Disclo<br>Statement (IDS)/P                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X Copies of IDS Citations |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                | Copy from a prior application (37 CFR (1 63(d))                                                                |                             |         |        |                                                                                                                  | 3. Preliminary Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |  |  |  |
| L                                                                                                                                                                                                                                                                                                                                                                                                                              | ,                                                                                                              | •                           | 14.     | X      | Return Receipt Po                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 503)                      |  |  |  |
| i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s)                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                |                             |         |        | Certified Copy of F<br>(if foreign priority i                                                                    | Priority Documer<br>is claimed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt(s)                     |  |  |  |
| named in the prior application, see 37 CFR 1.63(d)(2) and 1 33(b)                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                |                             |         |        | Request and Certification under 35 U S C 122(b)(2)(B)(I) Applicant must attach form PTO/SB/35 or its equivalent. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| 6. Application Data Shee                                                                                                                                                                                                                                                                                                                                                                                                       | t See 37 CFR 1 76                                                                                              |                             | 17.     |        | Other                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| Assignee Emory University, Office of Technology Transfer Name and Address 2009 Ridgewood Drive Atlanta, Georgia 30322                                                                                                                                                                                                                                                                                                          |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| 18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment,                                                                                                                                                                                                                                                                                              |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| or in an Application Data Sheet ☐ Continuation                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                | Continuatio                 | n-in-pa | rt (Cl | P) of prior                                                                                                      | r application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | No: / .                   |  |  |  |
| Prior application inform                                                                                                                                                                                                                                                                                                                                                                                                       | ation: Examiner                                                                                                |                             |         | -      | Group /                                                                                                          | Art Unit:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |  |  |  |
| For CONTINUATION OR DIVISIONAL APPS only the entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| 18. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| Customer Number or Bar Code Label  (Insert Customer No or Attach bar code label here)  Correspondence address below                                                                                                                                                                                                                                                                                                            |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| NAME Scott A. Horstemeyer Thomas, Kayden, Horstemeyer & Risley, L.L.P.                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| ADDRESS 100 Galleria Parkway Suite 1750                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                |                             |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| CITY Atlanta                                                                                                                                                                                                                                                                                                                                                                                                                   | STATE                                                                                                          | Georgia ZIP CODE 30339-5948 |         |        |                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |  |  |  |
| COUNTRY U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                 | TELEPHONE                                                                                                      | 770-933-                    | 9500    |        |                                                                                                                  | FAX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 770-951-0931              |  |  |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                              | Scott A. Horstemeye                                                                                            | r                           |         | Reg    | gistration No. (Atto                                                                                             | orney/Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 34,183                    |  |  |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                      | - HOLANT                                                                                                       | h                           |         |        |                                                                                                                  | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 01/21/21                  |  |  |  |

## **FEE TRANSMITTAL** for FY 2000

Patent fees are subject to annual revision.

|                      | Complete If Known |  |  |  |  |  |  |
|----------------------|-------------------|--|--|--|--|--|--|
| Application Number   | To be assigned    |  |  |  |  |  |  |
| Filing Date          | January 31, 2001  |  |  |  |  |  |  |
| First Named Inventor | John D. Roback    |  |  |  |  |  |  |
| Examiner Name        | To be assigned    |  |  |  |  |  |  |
| Group / Art Unit     | To be assigned    |  |  |  |  |  |  |
| Attorney Docket No.  | 050508-1030       |  |  |  |  |  |  |

| TOTAL AMOUNT OF                                                                                                                | F PAYMENT               | (\$)                                                | 476.00             | - 17                                                                  | Attorney Docket No. 050508-1030 |               |             |                                                           |                                                       | <i>)</i> |  |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|--------------------|-----------------------------------------------------------------------|---------------------------------|---------------|-------------|-----------------------------------------------------------|-------------------------------------------------------|----------|--|
|                                                                                                                                | METHOD OF               | PAYMENT                                             |                    | FEE CALCULATION (continued)                                           |                                 |               |             |                                                           |                                                       |          |  |
| 1. The Cor                                                                                                                     |                         | by authorized to charge                             | e to the following | 3. ADDITIONAL FEES                                                    |                                 |               |             |                                                           |                                                       |          |  |
| Deposit Account                                                                                                                | 10000111,               | 20-0778                                             |                    | Large                                                                 | Entity                          | Small         | Entity      |                                                           |                                                       |          |  |
| Number                                                                                                                         |                         | 20 0770                                             |                    | Fee<br>Code                                                           | Fee<br>(S)                      | Fee<br>Code   | Fee<br>(\$) | Fee                                                       | Description                                           | Fee Paid |  |
| Deposit Account<br>Name                                                                                                        | Thomas, Ka              | ayden, Horstemey                                    | er Risley          | 105<br>127                                                            | 130<br>50                       | 205<br>227    | 65<br>25    | Surcharge - la<br>Surcharge - la<br>cover sheet.          | e filing fee<br>e provisional filing fee or           |          |  |
| Charge all indicated fees and any additional fee required or credit any overpayment.                                           |                         |                                                     |                    | 139                                                                   | 130                             | 139           | 130         | Non-English s                                             | pecification                                          |          |  |
| Charge any additional fee Charge and requested to credit any overpayment Applicant claims small entity status. See 37 CFR 1 27 |                         |                                                     | 147<br>112         | 2,520<br>920*                                                         | 147<br>112                      | 2,520<br>920* |             | uest for reexamination<br>blication of SIR prior to<br>in |                                                       |          |  |
|                                                                                                                                |                         |                                                     |                    | 113                                                                   | 1,840*                          | 113           | 1,840*      | Requesting pu                                             | Requesting publication of SIR after                   |          |  |
|                                                                                                                                | ent Enclosed            |                                                     |                    | Examiner action 115 110 215 55 Extension for reply within first month |                                 |               |             |                                                           |                                                       |          |  |
| C                                                                                                                              |                         |                                                     | redit<br>Card      | 116                                                                   | 390                             | 216           | 195         |                                                           | ension of time within second month                    |          |  |
|                                                                                                                                | FEE CALCU               | JLATION                                             |                    | 117                                                                   | 890                             | 217           | 445         | Extension of ti                                           | me within third month                                 |          |  |
| 1. BASIC FILI                                                                                                                  | NG FEE                  |                                                     |                    | 118                                                                   | 1,390                           | 218           | 695         | Extension of ti                                           | me within fourth month                                |          |  |
| Large Entity S                                                                                                                 | mall Entity<br>Fee Fee  | Fee Description                                     | Fee Paid           | 128<br>119                                                            | 1,890<br>310                    | 228<br>219    | 945<br>155  | Extension of the Notice of Appe                           | ne within fifth month<br>al                           |          |  |
|                                                                                                                                | ode (\$)                |                                                     |                    | 120                                                                   | 310                             | 220           | 155         | Filing a brief in                                         | support of an appeal                                  |          |  |
| 101 710                                                                                                                        | 201 355                 | Utility filing fee                                  | s355               | 121                                                                   | 270                             | 221           | 135         | Request for or                                            | al hearing                                            |          |  |
| 106 320 2                                                                                                                      | 206 160                 | Design filing fee                                   | \$                 | 138                                                                   | 1,510                           | 138           | 1,510       |                                                           | tute a pubic use proceeding                           |          |  |
| 107 490                                                                                                                        | 207 245                 | Plant filing fee                                    | \$                 | 140                                                                   | 110                             | 240           | 55          |                                                           | ve - unavoidable<br>ve - unintentional                |          |  |
| \$                                                                                                                             | 208 355                 | Reissue filing fee                                  | \$                 | 141<br>142                                                            | 1,240<br>1,240                  | 241<br>242    | 620<br>620  | Utility issue fee                                         |                                                       |          |  |
| 114 150                                                                                                                        | 214 75                  | Provisional filing fee                              | \$                 | 143                                                                   | 440                             | 243           | 220         | Design issue f                                            |                                                       |          |  |
| -                                                                                                                              | ;                       | SUBTOTAL (1)                                        | (\$)355            | 144                                                                   | 600                             | 244           | 300         | Plant issue fee                                           |                                                       |          |  |
| 2. EXTRA CL                                                                                                                    | AIM FEES                |                                                     |                    | 122<br>123                                                            | 130<br>50                       | 122<br>123    | 130<br>50   |                                                           | Commissioner do provisional application               | s        |  |
|                                                                                                                                | Extra Cl                | Fee from aims below                                 | Fee Paid           | 126<br>581                                                            | 180<br>40                       | 126<br>581    | 180<br>40   |                                                           | Information Disclosure Stm<br>h patent assignment per |          |  |
| Total Claims 29                                                                                                                | ] -20**= <b>9</b>       |                                                     |                    | 146                                                                   | 710                             | 246           | 355         | property (time<br>Filing a submi                          | , 40                                                  |          |  |
|                                                                                                                                |                         | 3.00                                                |                    | 149                                                                   | 710                             | 249           | 355         | CFR 1 129(a))<br>For each addit                           |                                                       |          |  |
| Claims                                                                                                                         | -3** = 0                | 40.00                                               |                    | 470                                                                   | 740                             | 970           | 355         | examined (37                                              | CFR 1.129(b))<br>ontinued Examination (RCE            | \        |  |
| Multiple Dependent                                                                                                             |                         | 270.00 =                                            | 0                  | 179                                                                   | 710                             | 279           | 300         | Requestion                                                | munueo examination (NCE                               | "        |  |
| **or number previously pa                                                                                                      | aid, if greater; For F  | Reissue, see below                                  | <del> </del>       | 169                                                                   | 900                             | 169           | 900         | Request for ex<br>design applica                          | pedited examination of a tion                         |          |  |
|                                                                                                                                | imall Entity<br>Fee Fee | Fee Descr                                           | intion             |                                                                       |                                 |               |             |                                                           |                                                       |          |  |
|                                                                                                                                | ode (\$)                | i de Desci                                          | iption             |                                                                       |                                 |               |             |                                                           |                                                       |          |  |
| 1                                                                                                                              | 203 9                   | Claims in excess of 20                              |                    | Oth                                                                   | er fee (s                       | pecify)       |             |                                                           |                                                       |          |  |
| 1                                                                                                                              |                         | Independent Claims in e<br>Multiple dependent clair |                    |                                                                       |                                 |               |             |                                                           |                                                       |          |  |
|                                                                                                                                | 204 135<br>209 40       | **Reissue independent                               |                    |                                                                       |                                 |               |             |                                                           |                                                       |          |  |
|                                                                                                                                |                         | original patent                                     |                    | Oth                                                                   | er fee (s                       | pecify)       |             |                                                           |                                                       |          |  |
| 110 18                                                                                                                         | 210 9                   | **Reissue claims in exco<br>original patent         | ess of 20 and over |                                                                       |                                 |               |             |                                                           |                                                       |          |  |
|                                                                                                                                |                         | SUBTOTAL (2)                                        | (\$)81             | *Red                                                                  | uced by Ba                      | asic Filing   | g Fee Paid  | d<br>                                                     | SUBTOTAL (3)                                          | 40       |  |
| SUBMITTED BY                                                                                                                   |                         |                                                     |                    | Complete (if applic                                                   |                                 |               |             | icable)                                                   |                                                       |          |  |
| Typed or Printed Name                                                                                                          |                         | Scott A. Horste                                     | emever             |                                                                       |                                 |               |             |                                                           | Reg Number                                            | 34,183   |  |
| Signature                                                                                                                      |                         | AH                                                  | HAINA              |                                                                       |                                 | Date          |             | 1/3/101                                                   | Deposit Account User ID                               |          |  |
| Į.                                                                                                                             |                         | LAN                                                 | - CULLO            | 7                                                                     | 7                               |               |             | 1131131                                                   | ]                                                     |          |  |

**PATENTS** 

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: John D. Roback and Christopher D. Hillyer

For: IMMUNOLOGICAL ASSAY SYSTEM AND METHOD

## CERTIFICATE OF EXPRESS MAIL

Assistant Commissioner for Patents BOX: Patent Application Washington, D.C. 20231

Sir:

Enclosed for filing in the above case are the following documents:

Return Postcard
Utility Patent Application Transmittal Page
Fee Transmittal Page
Credit Card Payment Authorization Form for \$476.00
Utility Patent Application Consisting Of:

13 Pages of Specification

13 Pages of Specification 6 Pages of Claims

1 Pages of Abstract

3 Pages of Formal Drawings

Declaration and Power of Attorney (2 Pages)

Assignment and Assignment Recordation Sheet (5 Pages)

Information Disclosure Statement

IDS Form PTO-1449 and Copies of Cited Prior Art (A-D)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Respectfully submitted,

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Our Docket No: 050508-1030

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service <u>"EXPRESS MAIL POST OFFICE TO ADDRESSEE"</u> service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # <u>EL492153624US</u>.

Date: January 31, 2001

Rhonda Zaffino
Rhonda Zaffino

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